

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V62667 (3)
1. Corporation Name
HOUSEWARE WAREHOUSE, INC.

Principal Place of Business
717 LIVE OAK STREET
EDGEWATER FL 32132
US

Mailing Address
112 MANGO TREE DR
EDGEWATER FL 32132
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 112 Mango Tree Dr. Suite, Apt. #, etc. 22 City & State 23 Edgewater FL Zip 24 32132 Country 25 US		2a. Mailing Address 26 112 Mango Tree Dr. Suite, Apt. #, etc. 27 City & State 28 Edgewater FL Zip 29 32132 Country 30 US		3. Date Incorporated or Qualified 09/10/1992	
		4. FEI Number 59-3144673		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHARLES L. BELOTE & ASSOCIATES, P.A. 445 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32109		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	THEROUX, CHARLES E.	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2241 SWOOPE DR	NEW SMYRNA BEACH FL	1.3 STREET ADDRESS	706 Timberlane Dr.
		1.4 CITY-ST-ZIP	Same
VD	THEROUX, MICHELLE A.	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2241 SWOOPE DR	NEW SMYRNA BEACH FL	2.1 TITLE	706 Timberlane Dr.
		2.2 NAME	Same
		2.3 STREET ADDRESS	706 Timberlane Dr.
		2.4 CITY-ST-ZIP	Same
ST	THEROUX, MICHELLE A.	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2241 SWOOPE DR	NEW SMYRNA BEACH FL	3.1 TITLE	706 Timberlane Dr.
		3.2 NAME	Same
		3.3 STREET ADDRESS	706 Timberlane Dr.
		3.4 CITY-ST-ZIP	Same
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michelle A. Theroux* 2-23-98 904-423-5786

CR2E034 (1097)